

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>107018413</b>	FILING DATE <b>26 APR 2002</b>				
							APPLICANT(S) <i>Raisanen</i>					
CLAIMS							*		*		*	
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				51					
2				/			52					
3				/			53					
4				/			54					
5					/		55					
6					/		56					
7					/		57					
8			/		/		58					
9				/			59					
10				/			60					
11				/			61					
12				/			62					
13				/			63					
14				/			64					
15				/			65					
16			/				66					
17				/			67					
18				/			68					
19				/			69					
20				/			70					
21				/			71					
22				/			72					
23				/			73					
24				/			74					
25				/			75					
26				/			76					
27				/			77					
28				/			78					
29				/			79					
30				/			80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.			3				TOTAL IND.					
TOTAL DEP.		27					TOTAL DEP.					
TOTAL CLAIMS		30					TOTAL CLAIMS					